

Appeal Type: Inpatient Care	Appeal Category: Skilled Nursing Facility
Case Number: 0200204	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for continued inpatient stay at a skilled nursing facility.	Reason for Decision: External review agency determined that the patient did not require any of the services provided at such a facility. Medications can be given at home, there are no wound care issues, he doesn't require a feeding tube, and physical and occupational therapies can be done at home.

Appeal Type: Inpatient Care	Appeal Category: Skilled Nursing Facility
Case Number: 0200207	Appeal Decision: Partially Overturned
Case Summary: Patient requesting coverage for inpatient services at a skilled nursing facility.	Reason for Decision: External review agency determined that 11 additional days were medically necessary since his wound and monitoring of medications warranted skilled nursing care. Once the wound was healed and there was no further medication monitoring, skilled nursing care was no longer medically necessary.

Appeal Type: Inpatient Care	Appeal Category: Hospitalization
Case Number: 0200220	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for acute inpatient hospitalization.	Reason for Decision: External review agency determined that care received on the dates denied could have been provided at a lesser level of care, such as a sub-acute nursing facility.

Appeal Type: Inpatient Care	Appeal Category: Skilled Nursing Facility
Case Number: 0200258	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for extended inpatient skilled nursing care at a nursing home.	Reason for Decision: External review agency determined that the treatment provided during the patient's stay was custodial. The patient's condition is chronic with no likelihood of improvement and therefore care was custodial and not a covered benefit.

Appeal Type: Inpatient Care	Appeal Category: Skilled Nursing Facility
Case Number: 0200364	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient care at a skilled nursing facility for treatment of cancerous cells.	Reason for Decision: External review agency determined that the care the patient was receiving is custodial and not a covered benefit. The patient was ambulatory with a cane and ground food and nectar liquids were taken with independence in feeding. Skilled nursing care was not medically necessary.

Appeal Type: Inpatient Care	Appeal Category: Pain Management
Case Number: 0200383	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for inpatient pain management services.	Reason for Decision: External review agency determined inpatient pain management programs are more effective than outpatient programs, particularly when one looks at ongoing improvement over time. This patient has not improved with outpatient treatments and has actually worsened requiring further utilization of health care services. This inpatient program is specifically tailored to the chronic pain patient and is medically necessary.

Appeal Type: Inpatient Care	Appeal Category: Out-of-Plan Surgery
Case Number: 0200404	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for surgical services at an out-of-plan facility.	Reason for Decision: External review agency determined that the surgery performed had no distinct differences and/or advantages over that which was proposed by the doctor within the network. Services could have been provided within the health plan's network and therefore out-of-plan services are not a covered benefit.

Appeal Type: Inpatient Care	Appeal Category: Out-of-Plan Surgery
Case Number: 0200501	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for surgical services with an out-of-plan provider.	Reason for Decision: External review agency determined that the method to be used by the out-of-plan surgeon is only theoretically better than the standard procedure. The in-plan provider appears to have a significant amount of experience with the standard procedure and there is no medically necessary reason for this patient to seek services out-of-plan.

Appeal Type: Inpatient Care	Appeal Category: Skilled Nursing Facility
Case Number: 0200503	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for inpatient stay at a skilled nursing facility.	Reason for Decision: External review agency determined that based on the nursing home records, additional significant progress is unlikely in a reasonable amount of time. Also, the patient is medically stable, no IV medications or fluids, tube feedings, complex wound care, or other treatment that would require professional nursing personnel.